

UNITED STATES DISTRICT COURT  
for the

Southern District of Illinois

Mr. Victor Nunez  
# K72060

Plaintiff/Petitioner(s)

v.

Thomas Spiller, Christine Brown,  
Dennis Elrod, K. Melvin  
Malcom, Dr. Yipia Shah,  
Wexford Health Source

Defendant/Respondent(s)

Case Number: 15-514-SMY

(Clerk's Office will provide)

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act,  
28 U.S.C. §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

SCANNED AT PINCKNEYVILLE CC and E-mailed  
5/6/15 by 874 pages  
date Initials No.

A. Plaintiff's mailing address, register number, and present place of  
confinement

MR. Victor Nunez # K72060 P.O. Box 999  
Pinckneyville C.C.  
62274

Defendant #1:

B. Defendant Thomas Spiller is employed as

(a)

(Name of First Defendant)

Chief Administrator

(b)

(Position/Title)

with Pinckneyville Correctional Center P.O. Box 999

(c)

(Employer's Name and Address)

Pinckneyville Illinois 62274

At the time the claim(s) alleged this complaint arose, was Defendant #1  
employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain: He is the Head Warden,  
at this Correctional Center

Defendant #2:

C. Defendant Wexford Health Source is employed as

(Name of Second Defendant)

Medical Provider

(Position/Title)

with Wexford Health Source, Forster Plaza 4

(Employer's Name and Address)

501 Holiday Drive, Pittsburgh, Pa 15220

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: They are the Medical, Provider for all the Institution's, in the State of Illinois!!!

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

Defendant - Pinckneyville's Medical Director - Dr Vipin Shah  
Pinckneyville, C.C. P.O. Box 999  
Pinckneyville Ill 62274

He is, employed by the state of Illinois ☒ YES  
~~He was the~~ He's was <sup>(is)</sup> the Active,  
Medical Director...

E. Defendant: Christine Brown, is employed as the Health Care, Administrator, with - Pinckneyville CC Po Box 999, Pinckneyville, Ill, 62274. She was (is) the Active Health Care Administrator. At this time this Individual is employed by the State of Illinois government. ~~Yes~~ Yes

F. Defendant: Dennis ELS O'D, is employed as the "Ocolist", with Pinckneyville, C.C. P.O. Box 999, Pinckneyville, Illinois 62274. At this time the Claim is employed by the State of Illinois government ~~Yes~~ Yes

G. Defendant: K. Melvin is employed as the Grievance Officer, at Pinckneyville, C.C. PO Box 999 Pinckneyville, Ill, 62274. This Person at this time of Claim is employed by the State of Illinois government ~~Yes~~ Yes

H. Defendant: He is the Major Malcom, is employed here at Pinckneyville, C.C. P.O. Box. 999 Pinckneyville Illinois 62274. At this time of this Claim this person is employed by the state of Illinois government ~~Yes~~ Yes

## II. PREVIOUS LAWSUITS

- A. Have you begun any other lawsuits in state or federal court relating to your imprisonment? ☐ Yes ☒ No
- B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. Failure to comply with this provision may result in summary denial of your complaint.
1. Parties to previous lawsuits:  
Plaintiff(s): *NONE*  
  
Defendant(s): *NONE*
  2. Court (if federal court, name of the district; if state court, name of the county): *NONE*
  3. Docket number: *NONE*
  4. Name of Judge to whom case was assigned: *NONE*
  5. Type of case (for example: Was it a habeas corpus or civil rights action?): *NONE*
  6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): *NONE*
  7. Approximate date of filing lawsuit: *NONE*
  8. Approximate date of disposition: *NONE*

### III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No
- C. If your answer is YES,
1. What steps did you take? *I filed the grievance, the Counselor as well as Grievance Officer Denied me my rights to receive Proper medical Treatment, as well as Springfield the Administrative Review Board I was denied by everybody.*
  2. What was the result? *The Health Care Unit Administrator, Director and Ocolist, Mayor, Warden as well as the Wexford-Health Source Denied Medical Treatment at Pinckneyville, IL.*
- D. If your answer is NO, explain why not
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No
- F. If your answer is YES,
1. What steps did you take?
  2. What was the result?
- G. If your answer is NO, explain why not
- H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

*Do not Apply*

## IV STATEMENT OF CLAIM

I have been treated with Deliberated Indifference for over a year now, also I've been suffering with extreme pain and infections in my corneas, due to the Malpractice by and through the Wexford Health Source and employees. As well as the state of Illinois Employees. Here at Pinckneyville C.C. on Feb 26 2014 I Victor Nunez #K72060 had a call pass to see the oculist. It was my first time ever going to see the oculist here at Pinckneyville C.C. I tried to explain to the oculist that I needed my refills for my soft contacts lenses as well as a new pair of hard contacts. Plus my 3 different solution bottles to clean the contacts with. It's in my medical Records that I have to use two pair of contact lenses 1 soft contact and 1 hard contact in each eye in order to have a proper vision. Or without them I'm one step away from being legally blind in my right eye. The eye Doctor ELS, n stated that I wasn't gonna get any of the treatment in this place. And that I wasn't gonna go to no outside clinic to examine my eyes like I was supposed to before I arrived here at Pinckneyville. I have to have my eyes examined every 2 yrs or so due to my rare condition call "Kerataconus" plus.

I was supposed to have a new pair of hard contact. Since I already had them for about 6 yrs now. And the longest I can use this hard contacts is 5 yrs. That's what I was advice by different oculist. The reason I wear 2 contacts in each eye is because the soft contact lense protects me from the hard contact lense. Since my corneas're extra thin and deform. Now I have been suffering from extrem irritation and infections in my corneas, for over a year now. Im also leaving scar tissue in my eyes by being forced to wear the hard contacts with out the protection from the soft contact lense. I beg the eye Doctor as well as the health Cure Administrator that I need my soft contact lenses. But the eye Doctor told me that I'll just have to deal with it, and wear the hard contact lenses alone. And that whenever I ran out of whatever I had. That he wasn't gonna renew any of my treatment. Now the Constitution prohibits Officials from "intentionally denying or delaying access to medical care or intentionally interfering with the treatment once prescribed". Now to denied me medical treatment and forced me to suffer pain because of their refusal to give me treatment.

⑥



Due to this negligence and Omission. Im now suffering mentally and physically, having emotional distress, and in fear of losing my vision. plus I have been impaired for over a year now to conduct my daily routines. this routines is so complicated forme to do without my contact lenses. And the few times that Im forced to wear the hard contacts lenses without the protection from the soft contacts. I have alot of pain, my blood vessels bust everytime, and the hard contacts constantly scratch my corneas. This Sordistical denial of medical attention to conceal this torturous treatment by this "Bias staff" of misconduct of arbitrary use of conduct is a Violation of the Rules and regulations that all staff are to abide by is considered Violation of personal standards 305-13 Corporal punishment. This Tumult that I've been experiencing is due to the Trauma I suffer, each and everyday.

7



I have been going through this Treatment since 2008 with my Eye's, in every Institution that I've been in, in Illinois.

This rare condition is called Kerata Conus. I can't wear glasses at all. As soon as I arrived here at Pinckneyville CC, I was denied of this treatment, which is Denial of my Constitutional Rights which shows true Denial of Medical Assistance, Medical Treatment, and Deliberate Indifference.

This is a form of Cruel and Unusual Punishment because of the Infliction of Pain and Suffering at the Hands of the Illinois Department of Correction and Wexford Health Source all according to the Color of State Law.

## V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

① Requesting relief for Monetary damages in the amount of one hundred thousand dollars ② Nominal damages. ③ a new pair of hard contact lenses plus all of the different cleaning bottles I need which is ④ different bottles. Boston Condition Solution, Boston Advance cleaner. ⑤ Go to an outside clinic to examine my eyes and to refit my hard contact lenses. ⑥ for the Defendants to pay for all court fees. ⑦ To give me all of my medical treatment that I have been receiving for the last 6 yrs concerning my Keratoconus condition.

## VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on: 5-04  
2-15  
(date)

P.O. BOX 999  
Street Address

Pinckneyville IL 62274  
City, State, Zip

Victor Munez  
Signature of Plaintiff

Victor Munez  
Printed Name

K72060  
Prisoner Register Number

\_\_\_\_\_  
Signature of Attorney (if any)

UNITED STATES DISTRICT COURT  
for the

Southern District of Illinois

Mr. Victor Nunez # K72060  
Thomas Spiller, Wexford Health Source,  
Major Malcom, K. Melvin, Dr. Dennis Elsad,  
Dr. Vipin Shah, & MKS. Christine Brown

Case Number: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that on 5-04-15, I electronically filed a 1983 Civil  
Rights law suit with the Clerk of Court using the

CM/ECF system which will send notification of such filing(s) to the following:

Thomas Spiller, Wexford Health Source, Major Malcom,  
K. Melvin, DR Dennis Elsad, DR Vipin Shah, & Christine Brown

and I hereby certify that on [date], I mailed by United States Postal Service, the  
document(s) to the following non-registered participants:

Respectfully submitted,

Mr. Victor Nunez # K72060  
Name of Password Registrant

PO Box 999 Pinckneyville, IL  
Address  
Pinckneyville Illinois 62274  
City, State, Zip

Phone: ( ) -

Fax: ( ) -

E-mail: ( )

Attorney bar number (if applicable)

17